

Overpayments Sent to Collections

Topic: FM02b: Overpayment Adjustments

Report ID: FM02b03

Report Content: This report lists all the overpayments that are flagged to be reported to Collections between the dates entered in the parameter card for a specified County. Outstanding overpayments are processed monthly (or more frequently if necessary) in WiSACWIS and they are either flagged to be reported to the Collections or they are used to adjust future payments made to a provider. This choice is indicated on the Provider Maintenance windows and processed by the FM02b: Adjust Overpayments Based on Repayment Plan batch program.

Dependencies: This report is generated after the FM02b: Adjust Overpayments Based on Repayment Plan batch program completes its cycle.

Frequency: Monthly.

Runtime Parameters: From Date
To Date
County Code or 'ALL' for all Counties

Selection Criteria: Based on the From Date and End Date entered by the user, the report retrieves all PAYMENT rows where PAYMENT.am_rqst <0 AND PAYMENT.dt_ovp_prcs >= From Date
AND PAYMENT.dt_ovp_prcs <= To Date
AND PAYMENT.cd_recoup = "C"
AND PAYMENT.cd_cnty_new = County code entered in the Parameter Card.

Sort Criteria: Sort by County, Site, Supervisor, Case Worker, and Provider Type

Level Breaks: Page Break by County, Site, Supervisor, Case Worker, Level break by provider.

Output Data:

Audience: DHFS fiscal staff and Collections personnel.

Business Intent: Assist DHFS fiscal staff in the collection of overpayments.

1 10 20 30 40 50 60 70 80 90 100 110 120 130
--+-
Date: MM/DD/CCYY Wisconsin Dept. of Health and Family Services Report ID:
FM02b03 Time: HH:MM PM Division of Children and Family Services Page: 9,999
Overpayments Sent to Collections
Between MM/DD/CCYY and MM/DD/CCYY
For: County Name

County: XXXXXXXX
Site: XXXXXXXX

Supervisor: XXXXXXXXXXXXXXXX
Licensing/Case Worker: XXXXXXXXXXXXXXXX
Provider Type: XXXXXXXXXXXXXXXX

-----Overpayment Information-----

Provider/Payee Name	Provider ID	Phone	Overpayment Date	Original	Repayments/	Balance Sent
Provider Address			Overpayment ID	Overpayment	Adjustments	to Collections
Overpayment ID: XXXXXXXXX						
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXX	999-999-9999		MM/DD/CCYY	99,999.99	99,999.99	99,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX 99999-9999			XXXXXXXXXX			
Client Name: XXXXXXXXXXXXXXXX, XXXXXXXXXXXXX		Case ID:	F999999X			
Overpayment ID: XXXXXXXXX						
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXX	999-999-9999		MM/DD/CCYY	99,999.99	99,999.99	99,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX 99999-9999			XXXXXXXXXX			
Client Name: XXXXXXXXXXXXXXXX, XXXXXXXXXXXXX		Case ID:	F999999X			
Overpayment ID: XXXXXXXXX						
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXX	999-999-9999		MM/DD/CCYY	99,999.99	99,999.99	99,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX 99999-9999			XXXXXXXXXX			
Client Name: XXXXXXXXXXXXXXXX, XXXXXXXXXXXXX		Case ID:	F999999X			

Provider Totals = 99,999.99 99,999.99 99,999.99

County Totals = 99,999.99 99,999.99 99,999.99

Report Totals = 99,999.99 99,999.99 99,999.99

1 10 20 30 40 50 60 70 80 90 100 110 120 130
--+-